

| POSITION          | INITIALS | ID NO. | DATE     |
|-------------------|----------|--------|----------|
| FEE DETERMINATION | KA       | 40591  | 10/5     |
| I.P.E. CLASSIFIER |          |        | 12-7-22  |
| FORMALITY REVIEW  |          | 000511 | 10-15-94 |

INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral) Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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